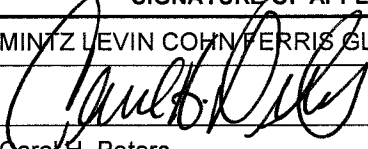


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|--|------------------------|-----------------|
| <h1>TRANSMITTAL<br/>FORM</h1> <p><i>(to be used for all correspondence after initial filing)</i></p> | Application Number     | 10/552,543      |
|  | Filing Date            | August 30, 2006 |
|  | First Named Inventor   | Robert J. Watts |
|  | Art Unit               | 3772            |
|  | Examiner Name          | K. M. Lewis     |
| Total Number of Pages in This Submission   | Attorney Docket Number | 35938-505N01US  |

| ENCLOSURES (Check all that apply)   |   |  |
|---|---|--|
| <input type="checkbox"/> Fee Transmittal Form<br><br><input type="checkbox"/> Fee Attached<br><br><input checked="" type="checkbox"/> Amendment/Reply<br><br><input type="checkbox"/> After Final<br><br><input type="checkbox"/> Affidavits/declaration(s)<br><br><input checked="" type="checkbox"/> Extension of Time Request<br><br><input type="checkbox"/> Express Abandonment Request<br><br><input type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><br><input type="checkbox"/> Reply to Missing Parts/Incomplete Application<br><br><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input checked="" type="checkbox"/> Drawing(s)<br><br><input type="checkbox"/> Licensing-related Papers<br><br><input type="checkbox"/> Petition<br><br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><br><input type="checkbox"/> Terminal Disclaimer<br><br><input type="checkbox"/> Request for Refund<br><br><input type="checkbox"/> CD, Number of CD(s) _____<br><br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><br><input type="checkbox"/> Proprietary Information<br><br><input type="checkbox"/> Status Letter<br><br><input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below):<br>Declaration and Supplemental Application Data Sheet |
| <div style="border: 1px solid black; padding: 5px; min-height: 100px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">Remarks</div> </div>   |   |  |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |   |          |        |
|--|---|----------|--------|
| Firm Name                                  | MINTZ LEVIN COHN FERRIS GLOVSKY AND POPEO, P.C.                                     |          |        |
| Signature                                  |  |          |        |
| Printed name                               | Carol H. Peters   |          |        |
| Date                                       | November 30, 2010   | Reg. No. | 45,010 |